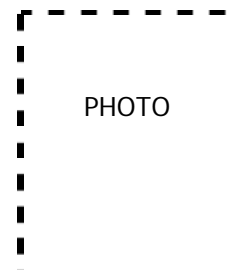


HOME COUNTRY:	
HOME UNIVERSITY:	

1. PERSONAL DATA

Surnames:	
Name:	
Date of birth:	
Passport number:	
Nationality:	
Sex:	
E-mail:	



2. HOME ADDRESS

Street/Number:	
City:	
Code:	
Telephone number:	
Fax:	

3. ADDRESS IN SPAIN

(to fill in, once you have found it in Spain)

Street/Number:	
City:	
Code:	
Province:	
Telephone number:	

4. ACADEMIC DATA

Home University:	
Studies in the Home University:	
The Academic year which you are registered in your Home University	
Name of the coordinator in the Home University	
Address	
Telephone number:	
Fax:	

IMPORTANT NOTE: The time limit to register will be **COMPULSORY**: - Until the 1st of October for the students that are studying the first semester or complete year - and the 10th of February for the students that are studying the second semester.

HOST UNIVERSITY

Faculty in the University of Alcalá:	
Studies in the University of Alcalá:	
Proposal of Subjects that you want to study in Alcalá	

Some courses can be full and you will not be able to register the course when you arrive.

5. RELATING DATA FOR THE STAY

Semester(s) of stay:	<input type="radio"/> FIRST	<input type="radio"/> SECOND	<input type="radio"/> ACADEMIC YEAR
Number of months of stay:			
Predicted date of arrival:			
Predicted date of leave:			

6. SPANISH COURSE

¿Would you like to attend the Spanish course of Language and Culture?	<input type="radio"/> YES	<input type="radio"/> NO
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7. In case of Emergency, notify to:

Name:	
Relation with you:	
Street/Number:	
City:	
Code:	
Telephone number:	
Teléfono móvil	
Fax:	

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8. Medical insurance

(You should send a copy of the insurance that you have)

I HAVE THE EUROPEAN SANITARY CARD

<input type="radio"/> YES	Card number:
<input type="radio"/> NO	

I HAVE PRIVATE INSURANCE VALID FOR SPAIN

<input type="radio"/> YES	Insurance Company:
	Card number:
<input type="radio"/> NO	

If you have answered to both types of insurances a NO, you should get an insurance before coming to Alcalá in order to being able to make the registration.

Date

Signature of the student

**Signature of the Coordinator from
the Home University
Name**

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